



Iowa Department of Transportation

Office of Vehicle Services
Park Fair Mall, 100 Euclid Ave., P.O. Box 9278
Des Moines, IA 50306-9278

Do Not Write In This Space

Permit # _____
Date Issued _____
Temporary Period _____ wks _____ months

APPLICATION FOR PERSONS WITH DISABILITIES PARKING PERMIT

- ☐ Removable Windshield Placard
☐ 1 Placard ☐ 2 Placards
☐ Provider of Transportation Services
 _____ Number of placards needed
- ☐ Special License Plates
 _____ Number of sets needed
☐ Replacement Parking Permit
- ☐ License Plate Parking Sticker
 _____ Number of stickers needed

Please Print

Date _____



Applicant's Name _____
 (Last) (First) (Middle)

Date of Birth _____ Social Security # _____
 (Mo/Day/Yr)

Street _____ Phone # _____

City _____ State _____ Zip Code _____ County _____

For Sections 1, 2, or 3 attach a medical statement, made on the physician's, chiropractor's, physician's assistant or nurse practitioners letterhead stationery, stating that you are a person with a disability and whether the disability is permanent or temporary. A temporary placard can be issued up to six months. Upon the expiration of your temporary placard a medical statement must be furnished with an application to obtain another temporary.

SECTION 1 Removable Windshield Placard:

Take this application form along with your medical statement stating that you are a person with a disability to a Driver License Examining station to get your placard or send this application form with a medical statement to the Iowa DOT and your placard will be mailed to you.

SECTION 2 Special License Plates for Applicant: (Are not issued to individuals with a temporary windshield placard).

Complete this application form and send your medical statement to the Iowa DOT.

1. Current vehicle plate number(s) _____

Special License Plate for Parent or Guardian of a Child With a Disability:

1. Current County of Residence _____
 2. Current vehicle plate number _____
 3. A medical statement for the child with a disability.

_____ hereby certify that _____ resides with me at
 Name of Parent /Guardian Name of Child

 Address City State Zip Code

 Date Signature of Parent or Guardian

Your special license plates will be sent to your county treasurer. You must return your county plates and registration receipt at the time you get your special license plates.

SECTION 3 License Plate Parking Sticker: (Are not issued to individuals with a temporary windshield placard).

For each vehicle you are the titled owner and meet the definition of a person with a disability as defined in the Iowa Code, you may obtain a persons with disabilities parking sticker to be displayed on the rear license plate of your vehicle. Send the following to the Iowa DOT:

1. This application form.
 2. Current vehicle plate number(s) _____
 3. A medical statement.

SECTION 4 Provider of Transportation Services:

This section can only be completed by organizations or individuals in the business of providing transportation services for persons with disabilities or elderly persons.

I certify that the vehicle in which the placard is displayed provides transportation services.

Agency _____ Fed. ID# _____
 Address _____ County _____
 City _____ Zip _____
 Auth. Rep. _____ Title _____
 Telephone # _____ Date _____

Take this application form to the Driver License Examiner Station in your community or send this application to the Iowa DOT.

SECTION 5 Certification For A Replacement Parking Permit:

I certify that I have submitted to the Iowa Department of Transportation a physician's statement stating that my disability is ☐ permanent ☐ temporary.

I need a replacement because my permit # _____ was: ☐ lost ☐ stolen ☐ destroyed ☐ damaged
 (damaged permit must be returned to the department, if possible.)

Signed _____

See Reverse Side For Additional Information Including Wheelchair Parking Cones